

## **APPLICATION FOR MASSAGE PERMIT**

PERMIT OFFICE 201 POPLAR AVENUE, SUITE 1-11 MEMPHIS, TENNESSEE 38103-1973



## -THIS APPLICATION MUST BE FILLED OUT COMPLETELY-(PLEASE PRINT OR TYPE)

(Last)	(First)	(Middle)	(DOB)/(AGE)	
Place of Res	sidence (Number & S	Street) (City)	(State) (Zip Code)	
Home Phone	e ( )	Other ( )		
(Massage	Institute Name)	(Mas	ssage Institute Address)	
(Massage	Institute Owner)	( <u>)</u> (Mas	ssage Institute Phone)	
(Present Occupation)		(P	(Past Occupation)	
		nad experience related i	to the position for which you are	
(Name Bu	ist name and addres usiness) ver been convicted o	s of business where thi	is experience was gained: usiness Address) r a crime involving sexual	
(Name But Have you exmisbehavior	usiness)  ver been convicted of the convicted of this applicant for that the foregoing in	(But) Or indicted of a felony of the statement set forth in this permit. The above	is experience was gained: usiness Address) Ir a crime involving sexual  NCES In seek information and conduct an in this application and the ire applicant declares under a penaltithis application is true and correct.	
(Name But Name But Name But Name But Name But Name Part	usiness)  ver been convicted of the convicted of this applicant for that the foregoing in	(But or indicted of a felony of the life o	is experience was gained: usiness Address) Ir a crime involving sexual  NCES Is seek information and conduct an in this application and the ire applicant declares under a penalthis application is true and correct.  RY.	

**Notary Public** 

## **APPROVAL FOR EMPLOYMENT**

l,	, Owner/Manager of	•
Massage Institute have in	nterviewed this applicant,	
on(DATE)		
This operator has been a	pproved by our company pending the iss	suance of a massage
operators permit from the	e City of Memphis Permit Office.	*
	(Company Offic	ial

## LIST THREE (3) CHARACTER REFERENCES: (MUST NOT BE RELATIVES OR BUSINESS ASSOCIATES)

(Applicant's Name)	<u> </u>	(Today's Date)
		Salaria de la Compania del Compania del Compania de la Compania de
ame:		
ddress:		
none:	State:	Zip:
ame:		To the second se
ddress:	CALLEGE OF THE PARTY OF THE PAR	Alles of Date of Control of Contr
ity:	State:	Zip:
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